

**UNITED STATES HOUSE OF REPRESENTATIVES
FINANCIAL DISCLOSURE STATEMENT**

FORM B

For use by candidates and new employees

Period covered: January 1, _____ - _____

Name:

Benjamin M. Lange

Daytime Telephone: *319.334.3704*

APR 02 2010

LEGISLATIVE RESOURCE CENTER
2010 APR 12 AM 11:23

(Office Use Only)

**Filer
Status**



Candidate for the
House of Representatives

State: *Iowa*
District: *1*

Date of
Election: *11/2/2010*

Check if
Amendment



New officer or
employee

Employing Office: _____

**A \$200 penalty shall be assessed
against anybody who files more
than 30 days late.**

In all sections, please type or print clearly in black ink.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period?
If yes, complete and attach Schedule I.

Yes ☐

No ☐

IV. Did you hold any reportable positions on or before the date of filing in the current calendar year or in the prior two years?
If yes, complete and attach Schedule IV.

Yes ☐

No ☐

II. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period?
If yes, complete and attach Schedule II.

Yes ☐

No ☐

V. Did you have any reportable agreement or arrangement with an outside entity?
If yes, complete and attach Schedule V.

Yes ☐

No ☐

III. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period?
If yes, complete and attach Schedule III.

Yes ☐

No ☐

VI. Did you receive compensation of more than \$5,000 from a single source in the two prior years?
If yes, complete and attach Schedule VI.

Yes ☐

No ☐

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, page 8.)

Yes ☐

No ☐

EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Standards of Official Conduct.

Yes ☐

No ☐

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For additional assets and unearned income, use next page.

SCHEDULE II—ASSETS AND “UNEARNED” INCOME

Continuation Sheet (If needed)

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SP, JT, DC	BLOCK A Asset and/or Income Source	BLOCK B Value of Asset												BLOCK C Type of Income						BLOCK D Amount of Income																							
																				Current Year											Preceding Year												
		A	B	C	D	E	F	G	H	I	J	K	L							I	II	III	IV	V	VI	VII	VIII	IX	X	XI	I	II	III	IV	V	VI	VII	VIII	IX	X	XI		
		None	\$1 – \$1,000	\$1,001 – \$15,000	\$15,001 – \$50,000	\$50,001 – \$100,000	\$100,001 – \$250,000	\$250,001 – \$500,000	\$500,001 – \$1,000,000	\$1,000,001 – \$5,000,000	\$5,000,001 – \$25,000,000	\$25,000,001 – \$50,000,000	Over \$50,000,000	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	Other Type of Income (Specify)	None	\$1 – \$200	\$201 – \$1,000	\$1,001 – \$2,500	\$2,501 – \$5,000	\$5,001 – \$15,000	\$15,001 – \$50,000	\$50,001 – \$100,000	\$100,001 – \$1,000,000	\$1,000,001 – \$5,000,000	Over \$5,000,000	None	\$1 – \$200	\$201 – \$1,000	\$1,001 – \$2,500	\$2,501 – \$5,000	\$5,001 – \$15,000	\$15,001 – \$50,000	\$50,001 – \$100,000	\$100,001 – \$1,000,000	\$1,000,001 – \$5,000,000	Over \$5,000,000	
JT	ING Growth Income		X										X								X												X										
JT	ING Strategic Allocation Growth		X										X								X												X										
JT	ING Savings Account		X												X						X												X										
	Transamerica Balanced A		X										X			X					X												X										
	Transamerica Focus A		X										X			X					X												X										
	Transamerica Equity A		X										X			X					X												X										
	ABA 2040 Retirement Date Fund		X										X			X					X												X										
	TSP 2040 Lifecycle Fund		X										X			X					X													X									
SP	CREF Stock		X										X			X					X												X										
SP	CREF Global Equities		X										X			X					X												X										
SP	CREF Equity Index		X										X			X					X												X										
SP	TIAA Real Estate		X										X			X					X												X										
SP	CREF Bond Market		X										X			X					X												X										
SP	CREF Money Market		X										X			X					X												X										

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